

Primary Care Provider (PCP) Selection Form

Write the name of your health plan here: _____

If your health plan is Columbia United Providers, Inc., Community Health Plan of Washington, or Molina Healthcare of Washington, Inc., you must complete this form and send it to your health plan (not Basic Health) at the address shown below, so your health plan can send I.D. cards as quickly as possible. For information on choosing a PCP or clinic, please contact your health plan at the phone number shown below. If you've already notified your new health plan of your PCP or clinic choice, you may disregard this notice.

Your name: _____

Your daytime phone number: _____

Your Basic Health I.D. number: _____

(Your I.D. number is shown on the letter you received with this form.)

Members on this account (including yourself)	Date of birth	Basic Health I.D. number	Full name of PCP or clinic choice	Current patient?	
				Yes	No

Send this completed form to your health plan at the address below.

Columbia United Providers, Inc.
19120 SE 34th Street, Suite 201
Vancouver, WA 98683
1-800-315-7862 or 360-891-1520 (TDD: 1-866-287-9962)

Community Health Plan of Washington
720 Olive Way, Suite 300
Seattle, WA 98101
1-800-440-1561 (TTY/TDD: 1-800-833-6388)

Group Health Cooperative members do not need to complete this form.

Kaiser Foundation Health Plan of the Northwest
members do not need to complete this form.

Molina Healthcare of Washington, Inc.
P.O. Box 1469
Bothell, WA 98041-1469
1-800-869-7165 (TTY: 1-877-665-4629)

